

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023096
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2959

FILED JUN 25 1962

VS 300
Rev. 4/59

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2 7003 X2
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4 0
5 1
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12 92-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

E.G. Kettner MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN RAYTOWN	
Length of stay in 1b EN ROUTE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED in Hospital (give location) DEAD ON ARRIVAL		d. STREET ADDRESS (If outside, give location) 9311 EAST 65th TERRACE	
HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First PATRICK Middle H. Last HEAVEY, SR.		4. DATE OF DEATH Month MAY Day 31st Year 1962	
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/15/89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STORE KEEPER		10b. KIND OF BUSINESS OR INDUSTRY BENDIX AVIATION CORPORATION	
11. BIRTHPLACE (City and state or country) CHICAGO, ILLINOIS		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME THOMAS HEAVEY		13b. MOTHER'S MAIDEN NAME ISABELLE KIRBY	
14. NAME OF HUSBAND OR WIFE MRS. BERNICE A. HEAVEY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES WORLD WAR I	
16. SOCIAL SECURITY NO.		17. INFORMANT BERNICE A. HEAVEY	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-sclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) with acute coronary thrombosis DUE TO (c) 1 hr		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Emphysema, congested artery insuff.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Feb, 1955 to May 31, 1962 and last saw him alive on May 23, 1962 Death occurred at 7.25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E.G. Kettner (Degree or title) M.D.		22b. ADDRESS Kansas City, Mo	
22c. DATE SIGNED 6/1/62		23. NAME OF CEMETERY OR CREMATORIUM MT. OLIVET CEMETERY	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons Kansas City Mo		25. DATE RECD. BY LOCAL REG. 6-4-62	
26. REGISTRAR'S SIGNATURE Ruth H Long			

DR. EDWIN G. KETTERER M.D.
PROFESSIONAL Bldg
10:00-12:30 2:00-4:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Len C. Michael

Licensed Embalmer No. 4340

P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.